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SERIAL NUMBER 10/748,154	FILING OR 371(c) DATE 12/31/2003 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 49425
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 EB  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/28/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 7	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature EB	Initials			

## ADDRESS

AIR MAIL

02048

## TITLE

Stimulation of central nervous system

FILING FEE RECEIVED 471	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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